



Administrative Decisions Tribunal  
New South Wales

**APPLICATION FOR REVIEW OF A DECISION**

**COMMUNITY SERVICES DIVISION**

File number (*for office use only*)

**PARTIES**

Applicant \_\_\_\_\_

Respondent \_\_\_\_\_

**DECISION FOR REVIEW**

I attach a copy of the decision to be reviewed **OR**

A brief description of the decision is:

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Date of decision \_\_\_\_\_

Date you were notified \_\_\_\_\_

**INTERNAL REVIEW**

An internal review of the decision has been sought

Date internal review sought \_\_\_\_\_

Date of internal review decision \_\_\_\_\_

**OR**

No internal review has been sought. State the reasons for not applying for internal review

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## PARTY DETAILS

### APPLICANT

Name

Address

Phone

Fax

### APPLICANT'S LEGAL REPRESENTATIVE

Name

Address

Phone

Fax

File reference

### RESPONDENT

Name

Address

Phone

Fax

## DISCLOSURE OF INFORMATION

I am aware that there are no private communications with the Tribunal and any material I file in this matter may be accessed by the other party.

I understand that the Department or other body will be required to supply copies of relevant information to the Administrative Decisions Tribunal.

## SIGNATURE

Your signature or the signature of your representative

Name

Date

\_\_\_\_\_

## REGISTRY DETAILS

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